Review one Medicaid, one Insurance, and at least 3 Self Pay

SITE:							Rev	iew one	e Medi	caid, one Insurance, and at least 3 Self Pay	
Program: Date Range	_	income	Percentage	iewer Signed	date of ed?	ices entered on	s entered on the	cale applied	ged y	Key ✓ = Yes, this is correct X = No, this is incorrect/not present N/A = Not Applicable	
Patient ID and Date of Service	Family Size	Total annual income	Documented Percentage of Pay	Client/Interviewer Signed and dated	Was correct date of service entered?	Were all services entered as indicated on encounter?	Were service that were not encounter?	Sliding Fee Scale applied Correctly	Patient Charged Appropriately	Comments	
Medicaid	N/A	N/A	N/A	N/A				N/A	N/A	Paid by Medicaid? Or rebilled if denied?	
Insurance										Paid by Insurance? Balance to Patient on SFS?	
(1)											
(2)											
(3)											
(4)											
(5)											
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Program:	_		ıge			sred		lied		Key ✓ = Yes, this is correct	
Date		come	Documented Percentage of Pay	ver sd	te of	Were all services entered as indicated on encounter?	Were services entered that were not on the encounter?	Sliding Fee Scale applied Correctly	-	X = No, this is incorrect/not present	
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Medicaid	N/A	N/A	N/A	N/A				N/A	N/A	Paid by Medicaid? Or rebilled if denied?	
Insurance										Paid by Insurance? Balance to Patient on SFS?	
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Medicaid	N/A	N/A	N/A	N/A				N/A	N/A	Paid by Medicaid? Or rebilled if denied?	
Insurance										Paid by Insurance? Balance to Patient on SFS?	
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